

**BEFORE THE**  
**PUBLIC SERVICE COMMISSION OF**  
**SOUTH CAROLINA**  
**DOCKET NO. 2011-489-C**

IN RE: )  
)  
)  
Application of SC Lifeline, Inc. d/b/a )  
ClearTalk for Designation as an )  
Eligible Telecommunications Carrier )  
)

**ETC ANNUAL REPORT**

SC Lifeline, Inc. d/b/a ClearTalk (“ClearTalk” or the “Company”), pursuant to 10 S.C. Code Ann. Regs 103-690.1 and Order No. 2012-725, hereby submits its 2013 Eligible Telecommunications Carrier (ETC) Annual Report and respectfully requests that the South Carolina Public Service Commission (Commission) certify ClearTalk’s eligibility to receive federal low income support for the 2014 calendar year. ClearTalk submits the following in compliance with 10 S.C. Code Ann. Regs. 103-690.1:

**I. Certification of compliance with CTIA Consumer Code (103-690.1(B)(a))**

ClearTalk certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including CTIA Consumer Code for Wireless Service, as it is required to do pursuant to 47 C.F.R. § 54.202(a)(3).

**II. Lifeline Reporting**

**A. 103-690.1(b)(3) – Requests for Service that were unfulfilled**

ClearTalk had 0 unfulfilled requests for service for the 2012 calendar year.

**B. 103-690.1(b)(4) – Number of Complaints per 1,000 handsets**

ClearTalk had 9.78 complaints per 1,000 handsets for the 2012 calendar year.

**C. 103-690.1(b)(5) – Certification of compliance with applicable service quality standards and consumer protection rules**

ClearTalk certifies that it is in compliance with all applicable service quality and consumer protection requirements and standards, including the CTIA Consumer Code for Wireless Service.

**D. 103-690.1(b)(6) – Certification of ability to function in emergency situations**

ClearTalk is committed to maintaining essential telecommunications service in times of emergency. ClearTalk maintains generator backup for the switch and battery back-up for its cellular towers to provide a reasonable amount of backup power to ensure functionality without an external power source. It also has fail-over trunks that are able to reroute traffic around damaged facilities and is capable of managing traffic spikes resulting from emergency situations.

**E. 103-690.1(b)(7) – Certification regarding provision of comparable local usage plan**

ClearTalk certifies that it offers a local usage plan comparable to that offered by the incumbent local exchange carrier (ILEC) in the relevant service areas. ClearTalk will provide a certain amount of service free of charge, will not impose a local call area, and will offer its Lifeline customers a variety of other features at no cost.

**F. 103-690.1(b)(8) – Certification regarding equal access**

ClearTalk acknowledges that the FCC may require it to provide equal access to long-distance carriers in the event no other ETC is providing equal access within its designated service area.

**G. 103-690.1(b)(9) – Number of Lifeline customers**

ClearTalk had 511 Lifeline customers as of December 31, 2012.

**H. 103-690.1(b)(10) – Copies of Responses to the Lifeline Verification Survey or Certification filed with USAC**

See attached Exhibit A for a copy of ClearTalk's Annual Lifeline Certification (Form 555) filed with the Universal Service Administrative Company (USAC). ClearTalk will also file with the Commission a copy of its FCC Annual Report (Form 481) that will be filed with USAC upon OMB approval of the form.

Respectfully submitted,

s/ John J. Pringle, Jr.

John J. Pringle, Jr.

**ADAMS AND REESE, LLP**

1501 Main Street, 5<sup>th</sup> Floor

Columbia, South Carolina 29201

(803) 343-1270

[jack.pringle@arlaw.com](mailto:jack.pringle@arlaw.com)

Attorneys for SC Lifeline, Inc. d/b/a ClearTalk

September 3, 2013  
Columbia, South Carolina

FCC Form 555  
November 2012

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

*Deadline: January 31<sup>st</sup> (Annually)*

SOUTH CAROLINA

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

249016

Study Area Code(s) (SAC)

SC LIFELINE INC

ETC Name(s)

NTCH, INC

Holding Company Name(s)

CLEAR TALK

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial RA

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on \_\_\_\_\_ prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

FCC Form 555  
November 2012

**Section 2: All ETCs** (Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary)

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

Initial GA

A	B
Number of Subscribers Claimed on May FCC Form(s) 497	Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers

C	D	E = C-D	F	G = (E+F)	H
Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation	Number of Subscribers Responding to ETC Contact	Number of Non-Responding Subscribers	Number of Subscribers Responding That They Are No Longer Eligible	Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

I	J	K	L
Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data	Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible	Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility	Number of Subscribers Who De-Enrolled Prior to Recertification Attempt

FCC Form 555  
November 2012

OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June 2012 (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial HA

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

Section 3: All ETCs (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. Initial HA

Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

M	N
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0

Signed,

Adilia Aguil  
Signature of Officer

CFO  
Title of Officer

CAROL BAUSINGER  
Person Completing this Certification Form

ADILIA AGUILAR  
Printed Name of Officer

1/29/13  
Date

803 255 0004  
Contact Phone Number